

Supplemental Application Data Sheet

Application Information

Application Type::: Regular
Subject Matter::: Utility
Suggested Classification:::
Suggested Group Art Unit:::
CD-ROM or CD-R?::: None
Number of CD disks:::
Number of Copies of CDs:::
Sequence Submission?::: None
Computer Readable Form (CRF)::: No
Number of copies of CRF::: 0
Title::: COSMETIC OR PHARMACEUTICAL
COMPOSITION COMPRISING
PEPTIDES, USES AND TREATMENT
PROCESSES
Attorney Docket Number::: 0591-1008
Request for Early No
Publication?:::
Request for Non-Publication?::: No
Suggested Drawing Figure:::
Total Drawing Sheets:::
Small Entity?::: Yes
Latin Name:::
Variety Denomination Name:::
Petition Included?::: No
Petition Type:::
Licensed US Gov't Agency:::
Contract or Grant Numbers:::
Secrecy Order in Parent No
Appl.?:::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE FRANCE
Status:: Full Capacity
Given Name:: CLAUDE
Middle Name::
Family Name:: DAL FARRA
Name Suffix::
City of Residence:: OPIO KERHONKSON
State or Province of NEW YORK
Residence::
Country of Residence:: FRANCE USA
Street of Mailing 30, CHEMIN DE SAN PEYRE
Address:: 6 OLD PILGRIMS WAY
City of Mailing Address:: OPIO KERHONKSON
State or Province of Mailing Address:: NEW YORK
Country of Mailing Address:: FRANCE USA
Postal or Zip Code of Mailing Address:: F-06650 12446

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SYRIA
Status:: Full Capacity
Given Name:: NOUHA
Middle Name::
Family Name:: DOMLOGE
Name Suffix::
City of Residence:: VALBONNE
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 10, TRAVERSE DU BARRI
Address::
City of Mailing Address:: VALBONNE

State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-06560

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: JEAN-MARIE
Middle Name::
Family Name:: BOTTO
Name Suffix::
City of Residence:: VALBONNE
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 1, PASSAGE DU SQUARE
Address::
City of Mailing Address:: VALBONNE
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-06560

Correspondence Information

Correspondence Customer 00466
Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2003/003280	11/4/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	02/14012	11/8/02	Yes
FRANCE	03/09889	8/13/03	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::